

2005 PAWNBROKER CERTIFICATE OF AUTHORITY RENEWAL APPLICATION

SEE ACCOMPANYING INSTRUCTION SHEET FOR COMPLETION AND SUBMISSION OF RENEWAL FORM. FILE BY JUNE 30, 2005. Please Print.

1. PHYSICAL LOCATION(S)

MAKE CORRECTIONS ON LABEL

2. I certify that my net worth (assets minus liabilities) still exceeds \$35,000 as of the date of my signature on this application. **YES / NO (circle one)**. My Bond/Letter of Credit (**circle one**) expires on _____. (If Bond has no expiration date, indicate by "None")

3. List the names and relationship to your business of all owners, employees and corporate officers, if applicable. (use additional sheets, if necessary). **A supplemental form A and fingerprint verification form must be completed only for any previously unsubmitted new employees.**

4. List the name and telephone number of the contact person at your business
_____ (____) _____

5. Remit the payment figured below to the address above:
Number of locations _____ x 275.00 = _____ total fee

6. Current Business Type: _____ sole proprietorship _____ partnership _____ corporation (**check one**)

7. Is "Current Business Type", above, a change from previous filing(s)? **YES / NO. (circle one)**.
If the answer is "**No**", proceed to number **8.**, below.

If the answer is "**Yes**" and you are now a **sole proprietorship** or **partnership**, each owner and partner must complete the Birthdate and Social Security Number information, below.

<u>Name</u>	<u>Birthdate</u>	<u>Social Security Number</u>
_____	____-____-____	____-____-____
_____	____-____-____	____-____-____

If business type change is to "**corporation**", Articles of Incorporation, a Supplemental Form C, and a new bond, or rider to present bond changing name to corporation, must be submitted with renewal application. Birthdate and social security information is **not** completed for a corporation.

8. I swear, affirm and certify that I have completed and/or reviewed all information required in this application and that all information contained herein and in all addending and supplemental forms is true and correct. I further certify that I understand that giving false information in this application or any addending or supplemental forms constitutes cause for denial or revocation of my application for certificate of authority and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

SWORN AND SUBSCRIBED to before me
this _____ day of _____, 2005

Signature

Notary Public for South Carolina
My commission Expires: _____

Print name, relationship to business

THIS PAGE FOR
DEPARTMENT USE ONLY

Date materials received _____ by _____ by mail _____ walk in _____

Filing materials reviewed by _____ date _____

Meets requirements _____ Does not meet requirements _____

Pending _____

____ 1. Application complete for Certificate of Authority

____ 2. Supp Form A, (O/E) Information on file for each new employee.
(review file; list missing employees).

____ 3. Fingerprint Verification form on file for each new employee.
(review file; list missing employees).

____ 4. Valid evidence of financial responsibility.

____ 5. Ticket, forfeiture notice, etc., in compliance with Act & Regulation

____ 6. Other

Telephone Calls

Date _____ Comments _____

Returned to Accounting Date _____ By _____

4/20/2005

HF/pbcr